

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018401

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 72 Primary Registration District No. 4134 Registrar's No. 871. ~~FILED~~ **DEATH** MAY 21 1962

a. COUNTY

Clayb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN SmithvilleLength of stay in 1b
10 weeksc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Smithville Community HospInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Platte

Inside Limits

Yes ☒ No ☐

c. CITY

OR TOWN Edgerton

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CharlesBirchTurney

4. DATE OF DEATH

Month

Day

Year

May121962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

June 12, 192284

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Flour Mill owner

10b. KIND OF BUSINESS OR INDUSTRY

Milling

11. BIRTHPLACE (City and state or country)

Kearney Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Daniel M. Turney

13b. MOTHER'S MAIDEN NAME

Ellen Smith

14. NAME OF HUSBAND OR WIFE

Myrtle Turney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Charles B. Turney Jr.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

48 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

congestive heart failure, auto-chronic mitral

DUE TO (c)

arteriosclerotic heart disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Carcinoma prostate, pyelonephritis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-3-62 to 5-12-62 and last saw him alive on 5-12-62Death occurred at 4:02 P on the date stated above, and to the best of my knowledge, from the causes stated:

22a. SIGNATURE

(Degree or title)

E. Hixson-Gower M.D.

22b. ADDRESS

Smithville Clinic, Smithville, Mo

22c. DATE SIGNED

5-14-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 15, 1962

23c. NAME OF CEMETERY OR CREMATORY

Second Creek Cemetery

23d. LOCATION (city, town, or county)

Platte County, Mo.

24. FUNERAL DIRECTOR

Clarence E. Hixson-Gower, MO

25. DATE RECD. BY LOCAL REG.

5-15-62

26. REGISTRAR'S SIGNATURE

Marguerite Audgens

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

P

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300
Rev. 4/5916000283034 C5 267 C8 C94200H1011124-0132-0

MAY 22 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Clarence E. Hipson

Licensed Embalmer No. 5122

P. O. Address Gower, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.